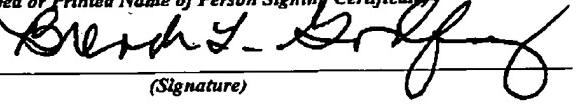


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 103002
Applicant(s): John D. Dobak, III, et al.			
Serial No. 10/608,978	Filing Date June 26, 2003	Examiner Not Yet Known	Group Art Unit 3739
Invention: METHOD AND DEVICE FOR PERFORMING COOLING-OR CRYO-THERAPIES FOR, E.G., ANGIOPLASTY WITH REDUCED RESTENOSIS OR PULMONARY VEIN CELL NECROSIS TO INHIBIT ATRIAL FIBRILLATION			
OFFICIAL RECEIVED CENTRAL FAX CENTER AUG 05 2004			
I hereby certify that this _____ <small>(Identify type of correspondence)</small> is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>) on <u>August 5, 2004</u> <small>(Date)</small>			
Brenda L. Godfrey <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small>			
<small>Note: Each paper must have its own certificate of mailing.</small>			

PTO/SB/122 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS**
Application

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

Application Number	10/608,978
Filing Date	June 26, 2003
First Named Inventor	John D. Dobak, III
Art Unit	3739
Examiner Name	Not Yet Known
Attorney Docket Number	103002

Please change the Correspondence Address for the above-identified patent application to:

Customer Number :

OR

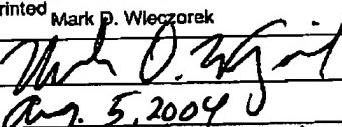
<input checked="" type="checkbox"/> Firm or Individual Name	Mayer Fortkort & Williams		
Address	251 North Avenue West		
Address	2nd Floor		
City	Westfield	State	NJ
Country			
Telephone	(908) 518-7700	Fax	(908) 518-7795

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- Applicant/Inventor
- Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or Agent of record. Registration Number 37,966
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name Mark P. Wleczorek

Signature 

Date Aug. 5, 2004

Telephone (858) 713-9519

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.